

ORIGINAL

KUNTZ, J.

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

BLOOM, M.J.

McCarthy et al
SSM MRM RJM VALM

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

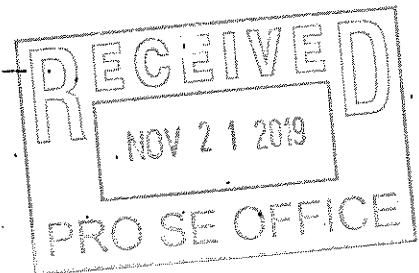
DHHS Sec. Asac
Dept Treasury -
State of Illinois - State of NY

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. **CV19-6683**
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)



I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Ana Mc Carthy</u>
Street Address	<u>209 Spencer Street</u>
City and County	<u>Brooklyn - King</u>
State and Zip Code	<u>New York 11205</u>
Telephone Number	<u>(312) 888-1002</u>
E-mail Address	<u>anamccarthy1@gmail.com</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>Department of Health + Human Serv.</u>
Job or Title (if known)	<u>Mr. Sec. Azar II</u>
Street Address	<u></u>
City and County	<u></u>
State and Zip Code	<u></u>
Telephone Number	<u></u>
E-mail Address (if known)	<u></u>

Defendant No. 2

Name	<u>Dept of Treasury</u>
Job or Title (if known)	<u>Sec. Munkin</u>
Street Address	<u></u>
City and County	<u></u>

State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

Defendant No. 3

Name State of New York
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

Defendant No. 4

Name State of Illinois
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Breach of Contract on a Subsidized
adoption Agreement covered under
ICAMA - Inter State Compact Adoption Medical Assistance

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) McCarthy et al, is a citizen of
the State of (name) New York.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) _____, is a citizen of
the State of (name) _____. Or is a citizen of
(foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is
incorporated under the laws of the State of (name) _____,
and has its principal place of
business in the State of (name) _____. Or is
incorporated under the laws of (foreign nation) _____,
and has its principal place of
business in (name) _____.

(If more than one defendant is named in the complaint, attach an
additional page providing the same information for each additional
defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant
owes or the amount at stake—is more than \$75,000, not counting interest
and costs of court, because (explain): \$

Upon and prior to an adoption the Dept(s)
and State have failed to provide services
medical, dental, grief counseling, vision and
other services contracted in a subsidized adoption

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as
briefly as possible the facts showing that each plaintiff is entitled to the damages or other
relief sought. State how each defendant was involved and what each defendant did that
caused the plaintiff harm or violated the plaintiff's rights, including the dates and places
of that involvement or conduct. If more than one claim is asserted, number each claim
and write a short and plain statement of each claim in a separate paragraph. Attach
additional pages if needed.

In 2006 - 3 minor children were left in our home. The state authorities
asked that the children visit be extended and also for an adoption,
that given the medical needs of the neglected minors the state(s)
entered into a binding agreement to cover all expenses
hereto. None has been covered and all expenses have
been paid by parents out of pocket. that also the
child known here as MRM suffers from a condition
as treated for tuberculosis on a false and concocted
diagnosis - by Pat Si Koriski and Annette Julien.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

*That a Writ of Mandamus has already been
issue and both State of Illinois / New York have
failed to comply - It is also the responsibility
of the DHHS and Treasury to comply w/
payments contracted in any State or any State
in a federal funded adoption*

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: *Nov 2*, 20*17*

Signature of Plaintiff

Printed Name of Plaintiff

[Signature]
Ana McCarthy

LETTER OF MEDICAL NECESSITY

(Re: Maria McCarthy, DOB 7-28-03)

I write this letter as the pediatrician caring for Maria McCarthy (DOB 7-28-03). Maria has a history of asthma and severe perennial allergies, including allergies to dust mites, cats and dogs. Her allergies, which are year-round and have required use of an EpiPen and daily allergy medicines, have lead to Emergency Room visits and exacerbations of her asthma (which was a known pre-existing condition as per page 6, CFS 1800-C-A of the 2009 Adoption Assistance Agreement between DCFS and her adoptive parents, Ana and Michael McCarthy).

In order to control her significant allergic symptoms and thereby more effectively control her asthma, the following are medically necessary:

- 1) thorough evaluation and testing by a pediatric allergist (Maria recently experienced a significant urticarial reaction with periorbital swelling after contact with plants, indicating the need for further testing.);
- 2) a HEPA air filter and a dehumidifier for home forced air heating and air conditioning systems (portable versions will be ineffective);
- 3) removal of carpeting in the home and replacement with wood or tile;
- 4) regularly scheduled house cleaning with non-irritant cleansers;
- 5) dust mite-proof encasements for her mattress, box spring and pillows.

The above measures are in addition to her asthma and allergy medications and in addition to regular pediatric follow-up. Without these measures, Maria will be at increased risk for recurrent and medically significant asthma exacerbations.

Sincerely,

Terri L. O'Malley 10-12-2011

Terri L. O'Malley, J.D., M.D.



ODA Primary Health Care Network

14-16 Heyward Street • Brooklyn, NY 11249 • Tel: (718) 260-4600

Fax: (718) 852-0867 • www.odahealth.org

November 12, 2019

Maria Mccarthy

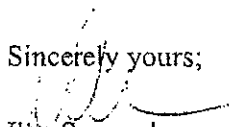
To whom this may concern;

The above patient is cared for at our practice. The patient has history of Tuberculosis treated at age 2 years old, suffers from Asthma and various environmental allergies. The patient that if she will be exposed to these allergens in the home, school or public transportation may cause severe asthmatic exacerbations, allergic rhinitis, discomfort and immunological symptoms.

The patient has been prescribed Xopenex and Pulmicort for her Asthma, but has been denied multiple times by her insurance. Mother has been able to bring medications from Panama for Childs' use. In order to limit the patient's exposure to these allergens, we have recommended the patient have her own room at home and arrange for private transportation which can reduce exposure to allergens in order that the patient's health and quality of life improve significantly.

Thank you for your assistance in the care of our patient.

Sincerely yours;


Ilan Semandov,

251750

ODA PRIMARY HEALTH CARE NETWORK
74 WALLABOUT STREET
BROOKLYN NY 11249
(718) 260-4600

Quest Diagnostics Incorporated

Report Status: Final
MCCARTHY, MARIA

Patient Information	Specimen Information	Client Information
MCCARTHY, MARIA	Specimen: WX197261L	Client #: 22349571 2400000
DOB: 07/28/2003 AGE: 8	Requisition: 0015696	OMALLEY, TERRI L
Gender: F	Collected: 04/25/2012 / 10:56 CDT	PEDIATRIC SPECIALISTS
Phone: 847.922.8574	Received: 04/26/2012 / 00:02 CDT	Attn: OF BARRINGTON
Patient ID: 07282003MM	Reported: 04/27/2012 / 03:40 CDT	5057 SHORELINE RD
		LAKE BARRINGTON, IL 60010-1700

Test Name	In Range	Out Of Range	Reference Range	Lab
QUANTIFERON(R)-TB GOLD	NEGATIVE		NEGATIVE	CB
	Negative test result. M. tuberculosis complex infection unlikely.			
NIL	0.09		IU/mL	
MITOGEN-NIL	8.58		IU/mL	
TB-NIL	0.13		IU/mL	

The Nil value adjusts for patient sample background, heterophile antibody effects, or non-specific IFN. The Mitogen serves as a patient positive control. The result "Positive", "Negative", or "Indeterminate" is calculated from these values using an FDA-approved algorithm run on Quantiferon(R) software.

PERFORMING SITE:

CB QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191-1024 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14D0417052

70
4-27-12

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, CHANCERY DIVISION**

Ana McCarthy,

Plaintiff,

v.

DCFS, et al.,

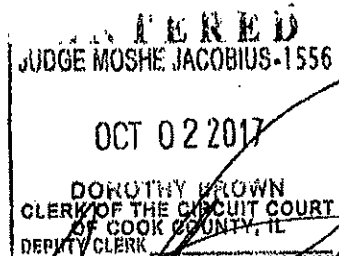
Defendants.

Case No.

ORDER

This case having come before the Court on the Petition to File Under Seal, and the Court having indicated that Judge Moshe Jacobius has recused himself for the purposes of hearing the petition, it is **HEREBY ORDERED** that the above-captioned matter is transferred to the acting Presiding Judge of the Chancery Division, Judge Diane Larsen, Calendar 7, for hearing on the Petition to File Under Seal. Petitioner Ana McCarthy shall contact Judge Larsen's chambers to schedule a hearing date for the petition.

ENTERED:



Judge Moshe Jacobius

No. 1556

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, CHANCERY DIVISION**

ANA MCCARTHY

Plaintiff,

v.

DCFS, et al.,

Defendants.

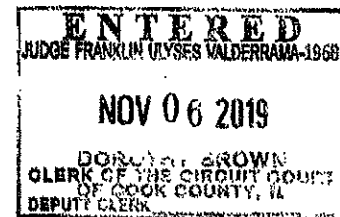
Case No. 11-CH-30343

ORDER

This matter having come before the Court on its own Motion, and at Plaintiff's request, it is **HEREBY ORDERED** that:

1. The Clerk of the Circuit Court of Cook County ("Clerk's Office") shall un-impound Case No. 11-CH-30343 for the sole limited purpose of review by the Plaintiff, Ana McCarthy;
2. A member of the Clerk's office shall be present at all times and assist Plaintiff with making any copies of the records in this case; and
3. Upon conclusion of Plaintiff's review of the case record, the Clerk's Office shall re-impound the case.

ENTERED:



Judge Franklin Valderrama No. 35487

**CITY OF EVANSTON
EVANSTON, ILLINOIS
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER 2013 0063833

MEDICAL EXAMINER'S CASE NUMBER 317AUG13

DATE ISSUED 10/11/2013

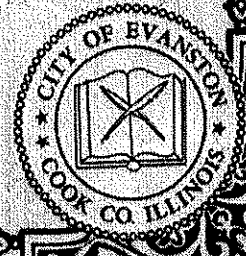
DECEDENT'S LEGAL NAME MICHAEL EUGENE MCCARTHY				SEX MALE	DATE OF DEATH AUGUST 20, 2013
COUNTRY OF DEATH COOK		AGE AT LAST BIRTHDAY 46 YEARS		DATE OF BIRTH DECEMBER 05, 1966	
CITY OR TOWN EVANSTON			HOSPITAL OR OTHER INSTITUTION NAME		
PLACE OF DEATH APARTMENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 347-60-3812	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ANA LOPEZ	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 3121 W JEROME STREET			APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60645	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHARLES MCCARTHY		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARGARET DIANE McDONALD
INFORMANT'S NAME PEGGY SCHWARTZ		RELATIONSHIP MEDICAL RECORDS		MAILING ADDRESS 2121 W HARRISON, CHICAGO, IL, 60612	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY		LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION AUGUST 29, 2013
FUNERAL HOME CHICAGO JEWISH FUNERALS, 8851 NORTH SKOKIE BOULEVARD, SKOKIE, IL, 60077					
FUNERAL DIRECTOR'S NAME SIMCHA B FRANK				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016263	
LOCAL REGISTRAR'S NAME EVONDA THOMAS				DATE FILED WITH LOCAL REGISTRAR OCTOBER 10, 2013	
CAUSE OF DEATH PART I: CORONARY ATHEROSCLEROSIS IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. _____ c. _____ Due to (or as a consequence of): _____ Due to (or as a consequence of):					
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? YES WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY			INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED AUGUST 20, 2013	TIME OF DEATH 09:07 AM	
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED OCTOBER 10, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CINA MD, 2121 W HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER	

Record Amended on: 10/11/2013

This is to certify that this is a true and correct copy from the official death record
filed with the Illinois Department of Public Health.

Evonda Thomas

Evonda Thomas, Local Registrar
Department of Health
Evanston, Illinois



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Caja de Seguro Social



Sí a la salud

Apartado 08-14-06808 PANAMÁ S, PANAMÁ
www.css.gob.pa
Central tel.: (507) 513-0276

Boquete, 08 de febrero de 2018

Señora
ANA MC CARTHY
E.S.M.

Respetada Señora:

Para dar respuesta a su solicitud del día 08/02/2018, donde solicita asegurar a sus hijas menores de edad, y en la misma igualmente nos indica que no cotiza al régimen de Seguro Social de la República de Panamá, le informamos que para realizar dicha afiliación es requisito primordial de que los padres estén cotizando en la Caja de Seguro Social. Por lo cual no se puede aprobar su solicitud.

Adjuntamos copia de los requisitos para afiliar a hijos menores de 18 años, cuando sus padres estén cotizando al Régimen de la Caja de Seguro Social de Panamá.

Agradeciéndole su atención,

Atentamente

RODRIGO GONZALEZ
Sub-Agente Administrativo
Agencia de Boquete

RG/jessica
Prevención y atención oportuna es salud

**Requisitos para Asegurar a
Hijos (as) Menores de 18 años**

12 Certificado de Nacimiento Original (Expedido por el Tribunal Electoral). O Cédula Juvenil si la tiene.

12 Cédula vigente del Asegurado (a).

12 IBI/. Para el carné (Sólo en el caso de los hijos menores de un (1) año).

Nota: En caso de no tener la Cédula Juvenil, debe presentarse al Tribunal Electoral para realizar su respectivo trámite, ya que el carné fue reemplazado por la misma para la atención médica.

Febrero 8, 2018

Señores
Caja Seguro Social
E. S. D.

A quien concierne.

Yo, Ana McCarthy - Ciudadana
Americana con ~~pasaport~~ No. 506370598
Residente en el Distrito de Boqueron
Prov. de Chiriqui, República de
Panamá, adjunto copia (copy), peticionero
la aseguranza médica, dental,
mental, emergencia, ortodoncia para
las menores Sofya S. McCarthy, Maria
Rebecca McCarthy, Rachel Joy McCarthy
y Veronica A-Liah, McCarthy, mis
hijas. Residentes en Panama desde
Diciembre 2013. No pago cuotas de S.S. en
Panamá.

Sinceramente

AMcCarthy -

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

STATE OF ILLINOIS, CIRCUIT COURT COUNTY		CERTIFICATION FOR EXEMPTION FROM E-FILE		For Court Use Only 2019 NOV -7 PM 4:15 CLERK CHANCERY DIV COUNTY OF COOK JUDGE	
Instructions ▼ Directly above, enter the name of the county where the case was filed. Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being sued as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.		Plaintiff / Petitioner (First, middle, last name) <u>McCarthy, et al</u> v. Defendant / Respondent (First, middle, last name) <u>State of Illinois</u>		Case Number <u>11 CH 30343</u>	

In 1, check the reasons you are asking to file by mail or in person. You should check all that apply.

You are exempt from e-filing and you do not need to file this Certification if:

- you are in jail or prison;
- you are filing a will;
- you are filing into a juvenile case;
- OR
- your disability prevents you from e-filing.

1. I am not able to e-file documents in this case for the following reasons (check all that apply):

☒ I am representing myself and do not have the Internet or a computer in my home. My only access is through a public terminal at a courthouse, library, or other location. This poses a financial or other hardship:

- ☐ I am representing myself and have trouble reading, writing, or speaking in English.
- ☐ I am filing a document in a sensitive case, such as a petition for an order of protection or a civil no contact/stalking order.

2. Illinois Supreme Court Rule 9(c)(5) allows for an exemption from e-filing for good cause. For the above reasons, I need a good cause exemption from e-filing for my entire case or until I am able to e-file.

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

After you finish this form, sign and print your name.

Enter your complete address and telephone number.

I certify that everything in the Certification for Exemption from E-filing is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

Your Signature
[Signature]
 Print Your Name
Donna McCarthy

Street Address
12419 Savelton Prung
 City, State, ZIP
Teaneck NJ 07666
 Telephone
(312) 888-1002

3303 - Notice of Motion

2871 - Certificate of Mailing Filed

(10/26/16) CCDR N005

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, DOMESTIC RELATIONS DIVISION

IN RE THE ☐ MARRIAGE ☐ CIVIL UNION☐ SUPPORT OF☐ PARENTAGE ☒ OTHERChanceryAna McCarthy

Petitioner

No.

11 CH 30343

Calendar

and

State of Illinois

Respondent

To:

Barbara Greenspan, DCFB**NOTICE OF MOTION**

On _____, at _____ am/pm, or as soon thereafter as counsel may be heard, I shall appear
 before the Honorable _____, or any judge sitting in his/her stead, in Courtroom
 number _____, in the court house located at:

☒ Daley Center, 50 W Washington St, Chicago, IL 60602☐ District 3: 2121 Euclid, Rolling Meadows, IL 60008☐ District 5: 10220 S 76th Ave, Bridgeview, IL 60455☐ District 2: 5600 Old Orchard Rd, Skokie, IL 60077☐ District 4: 1500 Maybrook Dr, Maywood, IL 60153☐ District 6: 16501 S Kedzie Pkwy, Markham, IL 60428

and present the attached pleading requesting: _____

Atty. No.: 1

Name:

Ana McCarthy

Primary Email:

Anamccarthy1@gmail.com

Atty. for:

Pro Se

Secondary Email:

Address:

1249 Laurelton Pkwy

Tertiary Email:

City/State/Zip:

Teaneck NJ 07666

Atty. Signature:

Telephone:

(312) 888-1002**CERTIFICATE AND AFFIDAVIT OF DELIVERY PERSONALLY, BY MAIL, BY FAX, OR BY EMAIL**

The undersigned hereby certifies under penalties of perjury as provided by law pursuant to 735 ILCS 5/1-109, that the above notice

and any attached pleadings were ☒ personally delivered OR ☐ placed in the U. S. mail at _____

with first class postage prepaid and directed to all parties of record at the address(es) set forth above, on or before 5:00 pm on _____

OR I served this notice electronically ☐ via the Clerk's office E-Filing system OR☐ via fax (_____ pages sent from the office of: _____, sender's fax number is _____

_____ to recipient's fax number _____) OR

☐ via email (sender's email is _____

to recipient's email

anamccarthy1@gmail.com

(Signature)

Ana McCarthy

(Print Name)

Ana McCarthy

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Motion - General Form (This form replaces CCMD-39)

(2/24/05) CCG N7

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

McCarthy, et al
 Plaintiff(s)
 v.
Illinois DCFS
 Defendant(s)

No. 11 CH 30343
 2019 NOV -7 PM 1:15
 FILED-1
 CLERK OF COOK COUNTY - ILLINOIS
 CLERKERY DIV

TO: _____

Emergency MOTION BY Ana McCarthy FOR a Writ of Mandam
 that on September 2011, Honorable Judge Moshe Jacobious order the State of Illinois to cover the medical and medical related expenses comprised in a Subsidized Adoption Agreement between the State and the parties known as "McCarthy" et al. the state's Attorney failed to supplement or make note of the record

I (We) do hereby certify that a copy of this instrument was served upon all parties who have appeared and have not previously been found by the Court to be in default for failure to plead.

Dated: October 7, 2019Pro-Se.

Attorney Certification

Atty. No.: 1
 Name: Ana McCarthy
 Atty. for: Pro-Se.
 Address: 1249 Laurelton Pkwy
 City/State/Zip: Heanek NJ 07666
 Telephone: (312) 888-1002

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Copy Distribution-White: 1. ORIGINAL-COURT FILE Canary: 2. COPY 1 Pink: 3. COPY 2 Gold: 4. COPY 1

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
CHANCERY DIVISION

S. S. M., et al

Plaintiff,

v.

Case No. 11 CH 30343

ILLIOIS DEPARTMENT
OF CHILDREN AND FAMILY
SERVICES; and ERWIN McEWEN,
In his official capacity as Director for
DCFS, et al

Defendants,

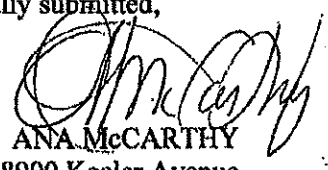
FILED - CH
CLERK OF THE CIRCUIT COURT
CHANCERY DIVISION
2011 AUG 31 AM 10:25
DOROTHY BROWN CLERK

EMERGENCY NOTICE OF MOTION

To: LISA MADIGAN
Illinois Attorney General
Child Welfare Litigation Bureau
100 West Randolph, suite 11-200
Chicago, IL 60601
(312) 814-6761

PLEASE TAKE NOTICE that on Friday, September 2, 2011 at 2:00 p.m. we shall appear before Honorable Judge Moshe Jacobius or any judge sitting in his stead, in the Circuit Court of Cook County Courthouse, Illinois located at Richard Daley Center, Room 2304 and present Plaintiffs' Emergency Motion to Seal the Record on Plaintiffs' MOTION TO REVIEW AND AMEND ADOPTION SUBSIDY, AND SUPPLEMENT THE ADOPTION, RECORD(S), a copy of which is hereby attached and serve upon you.

Respectfully submitted,


ANA MCCARTHY
8900 Keeler Avenue
Skokie, IL 60076
(847) 373-2508

CERTIFICATE OF SERVICE

I, the undersign, a non attorney, on behalf of plaintiffs minor(s) hereby under penalty of perjury as set forth at 735 ILCS 5/1-109 that a copy of the forgoing notice of Emergency Motion to Seal the Record were served upon Barbara Greenspan on behalf of Illinois Attorney General, Child Welfare Litigation Bureau, 100 West Randolph, suite 111200 Chicago, IL via facsimile on this 30th day of August, 2011.


Ana McCarthy

DOROTHY BROWN
CLERK

2011 AUG 31 AM 10:25

FILED-CH
CLERK OF THE CIRCUIT COURT
CHANCERY DIVISION

T'D3

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

S. S. M.,
M. R. M.,
V. A. L. M.

Plaintiff,

v.

ILLINOIS DEPARTMENT
OF CHILDREN AND FAMILY
SERVICES; and ERWIN McEWEN,
In his official capacity as Director for
DCFS, et al

Defendants,

Case No. 11 CH 30343

DOROTHY BROWN
CLERK

2011 AUG 31 AM 10:25

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CHANCERY DIVISION

JUDICIAL REVIEW

**MOTION TO REVIEW AND AMEND ADOPTION SUBSIDY, AND
SUPPLEMENT THE ADOPTION, RECORD(S)**

NOW COME A. McCarthy, mother, on behalf of plaintiffs, S. S. M.; M. R. M; and
V. L. M.; pursuant to the Illinois Administrative Review Act 735 ILCS 53-101
hereby move this Court to hear this complaint.

1. That this complaint arises upon delivery of an Administrative Order also
known as Order No. 2011-S-00227 - "Final Administrative Decision" for a
Service Appeal filed on July 2011 to the Department of Children and Family
Services ("DCFS" or "Department")
2. That Order No. 2011-S-00227 was a "Final Administrative Decision" by
DCFS Administrative Law Judge pursuant to Rule 337 and upon Plaintiff's

requests for a Revision of the Adoption Subsidies after fruitless attempts by the Plaintiffs' mother to obtain services, medical, and dental services agreed and contracted by the State of Illinois - Department of Children and Family Services under the Adoption Assistance Eligibility Determination, Section V ("Subsidies" or "Subsidy Agreement"), subsection, "SERVICES PROVIDED UNDER THE AGREEMENT FOR ASSISTANCE"; subsection c) Medicaid Card d) Needs Not Payable Through Other Sources, and e) Therapeutic Day Care of the Subsidy Agreement. Attached hereto as Exhibit "B" for S. S. M.; Exhibit "C" for M. R. M.; and Exhibit "D" for V. L. M.

3. That Order No. 2011-S-00227 was a "Final Administrative Decision" by DCFS stating that the "Issue is Premature. There has been no review by the adoption committee to formally amend subsidy."
4. That Plaintiff(s) intends to establish that Order No. 2011-S-00227 or "Final Administrative Decision" by DCFS failed to obtain proof that the issue was first presented over a year ago and therefore granting time for Review for the Department's Post Adoption Unit ("Unit") and by the adoption committee to formally amend the subsidy and therefore the Issue is NOT Premature. Added the "urgent" need of medical and dental care by the plaintiff(s); the Department is under the obligation to issue a decision in a timely manner. The Unit has NOT issue a written decision, which in term violated Plaintiff's right to receive a written decision within an established period of time.

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5. That the Service Appeal was sought as the last and final option to the plaintiff(s) need of urgent care and treatment and upon the lack of a timely response by the Department's Post Adoption Unit.
6. That the denial of services constitute a breach of the Subsidy Agreement against the Plaintiff(s) and stated under the State of Illinois - Department of Children and Family Service's and the Adoption Assistance Eligibility Determination, Section V ("Subsidies" or "Subsidy Agreement"), "SERVICES PROVIDED UNDER THE AGREEMENT FOR ASSISTANCE", Subsection c) Medicaid Card d) Needs Not Payable Through Other Sources, and e) Therapeutic Day Care.

HISTORICAL PRECEDENT

7. THAT the Plaintiff(s) were placed in foster care sometime in November 2006.
8. That the Department assigned the case to the Evangelical Child and Family Agency ("ECFA"), in Wheaton, Illinois.
9. That the Plaintiff(s) were placed temporarily in A.M.'s home on December 22, 2006, and as to reunite the siblings for the holidays. That at the time, the case goal was to "return home" to the biological mother.
10. That after placement the biological mother was unaccounted and the biological father was jailed awaiting trial and is currently serving a sentence of 11 years.

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11. On February 2007, the plaintiff(s) biological mother reappear and asked ECFA for a visit with the children at which time she asked A. McCarthy to adopt the children and stated her desire to relinquish her parental rights.
12. That upon placement, one or all of the minors had several medical conditions including Advance State Tooth Decay or Baby Bottle Syndrome, asthma, latent tuberculosis, and therefore requiring urgent dental surgical procedures.
13. NOTE: That upon a revision of the Adoption Assistance Eligibility Determination, it was found that the adoption records are insufficient and that dental and surgical procedures for the minor plaintiff(s) were not part of the records. While the children were in foster care DCFS, foster parents are not given medical records. Although, it is the responsibility of the Department to procure all medical and dental records upon finalization of adoption, a revision of the records has rendered that it is insufficient. Further, these records are important in presenting this case and attest as to the current need for medical and dental services for the minor Plaintiff(s) and confirm that the children were denied services by several dental clinics. Therefore Plaintiff(s) hereby request the insufficient record be supplement via subpoena and at the expense of the Department.

14. That upon foster care placement the children had evaluation prompting immediate or "ASAP" need for dental treatment due to "Advance Stage Tooth Decay" and/or Baby Bottle Tooth Syndrome.
15. In January 2007, Foster parents found a dental surgeon, Dr. Fred Margolis. Dr. Margolis making the exception to accept the Medical Card and to bill Medicaid for his services. Dr. Margolis upon the dental condition immediately referred the children to Loyola Hospital Oral Pediatric Center for an evaluation. The written evaluation and all related records are missing from the records. Please note that Dr. Margolis was the only physician willing to treat the Plaintiff(s) under [needed] sedation.
16. After this letter by Loyola Hospital, the Department, via ECFA attempted to find another dentist willing to treat and accept the medical card, but after a fruitless search of over seven (7) months Consent for Medical Treatment was issued for Dr. Margolis and staff at Loyola Hospital for a surgical procedure to the Plaintiff(s) and under sedation.
17. That Plaintiff M. R. M. and S. S. M. endured months of excruciating pain while awaiting this determination by ECFA and the Department.
18. That on August 24, 2011 the Department Post Adoption Unit via the person assigned to the case notify the Plaintiffs' mother, A. McCarthy that she was not

aware that the children were refused care at other dental clinics given their complex medical and dental condition.

19. That the Department's verbal response does not suffice and services for the children are needed immediately.

20. That numerous written and verbal requests have been made to appeal the imminent need for services previously contracted under the Subsidized Agreement.

21. That this action is pursuant to the Administrative Review Law 735 ILCS 5/3-101, et seq. seeking Judicial Review of a Final Administrative Decision rendered on behalf of the Defendant, Department of Children and Family Services on August 16, 2011.

22. Additionally, Plaintiffs move this Court to seal, impound and close the record on administrative review. According to the Abused and Neglected Child Reporting Act ("ANCRA"), 325 ILCS 5 et seq., all DCFS investigation and administrative proceedings arising under ANCRA are confidential. Pursuant to ANCRA, all records and referrals concerning report of child abuse or neglect and all records generated as a result of such report or referrals "shall be confidential and shall not be disclosed except as specifically authorized by the Act or by applicable law." 325 ILCS 5/11. ANCRA provides that access to these records is restricted to those persons whose use of the records is in furtherance of purposes directly connected with the administration of ANCRA. 325 ILCS 5/11.1

7003

23. Absent a court order, once these administrative records are filed, it will be open to the public. This disclosure will defeat the purpose underlying ANCRA and breach the confidentiality of the information maintained throughout the underlying administrative proceeding. To protect the best interest of the minor(s) involved and accomplish the public policy of maintaining confidentiality of child abuse and neglect information compiled under ANCRA, Plaintiffs hereby request that this Honorable Court seal and impound the administrative records file under this complaint.

24. Plaintiff also request that access to the record be limited to the parties to this action, those persons authorized by statute, or those individuals authorized by the Court following timely notice to the parties and giving the parties the opportunity to be heard.

WHEREFORE, for the foregoing reasons, the Plaintiff(s) respectfully request that this court grant their motion for breach of subsidized adoption agreement, failure to provide urgent treatment, and denial to review and amend contracted adoption subsidies.

Respectfully submitted,

ANA McCARTHY
8900 Keeler Avenue
Skokie, IL 60076
(847) 373-2508

EXHIBIT "A"

STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
ADMINISTRATIVE HEARINGS UNIT

IN THE MATTER OF:

Ana McCarthy
Appellant(s)

)
)
) DKT# 2011-S-00227
)
)
)

Sofia Barcenas 39490703
Maria Rodriguez 39490704
Veronica Barcenas 39490705

Minor(s)

ORDER


THIS CAUSE COMING ON TO BE HEARD by the Administrative Law Judge pursuant to Rule 332, it is hereby ordered that the case is dismissed for the following reason:

X

Issue is Premature. There has been no review by the adoption committee to formally amend subsidy. If you formally request in writing an amendment, and after a review you are denied, you may reappeal.

This is the final administrative decision. If you are not satisfied you may seek judicial review in the circuit court under the Administrative Review Law, 735 ILCS 5/3-101 et seq. (West 2000), by filing a complaint for administrative review with the circuit court within 35 days of the date this order was served on you.

Date: August 16, 2011


Philip Dalmage
Administrative Law Judge

A copy of this ORDER has been served, by CERTIFIED MAIL, upon:

Ana McCarthy
8900 Keeler Ave.
Skokie, IL 60076

A copy of this ORDER has also been served, by U.S. MAIL, personal delivery or Inter-agency mail, upon:

Donald P. Jonker, Department Representative
Chron/File

Exhibit "A"

FILED-CH
CLERK OF THE CIRCUIT COURT
CHANCERY DIVISION
2011 AUG 31 AM 10:25
DOROTHY BROOKS
CLERK